

<i>SERFF Tracking Number:</i>	<i>ZURC-125368535</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Fidelity and Deposit Company of Maryland, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW GL 26816</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Revised Form Filing - UGL1321B - GL 26816</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing - UGL1321B - GL 26816/GL 26816</i>		

Filing at a Glance

Companies: Fidelity and Deposit Company of Maryland, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company, Empire Fire and Marine Insurance Company

Product Name: Revised Form Filing - SERFF Tr Num: ZURC-125368535 State: Arkansas
UGL1321B - GL 26816

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CW GL 26816 State Status: Fees verified and received

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Carole Amato Disposition Date: 11/29/2007

Date Submitted: 11/27/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Revised Form Filing - UGL1321B - GL 26816

Project Number: GL 26816

Reference Organization:

Reference Title:

Filing Status Changed: 11/29/2007

State Status Changed: 11/27/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are submitting a revision to a form that was recently filed and approved in your state during November 2007. The revision is to correct the spelling of the word "solely" in the form -U-GL-1321-A CW 10 07 - Broad Form Additional Insured coverage - Owners, Lessees or contractors - Scheduled Person or Organization. Our revised form is U-GL-1321-B CW 11 07.

SERFF Tracking Number: ZURC-125368535 State: Arkansas

First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50

Company Tracking Number: CW GL 26816

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Revised Form Filing - UGL1321B - GL 26816

Project Name/Number: Revised Form Filing - UGL1321B - GL 26816/GL 26816

Company and Contact

Filing Contact Information

Carole Amato, Supervisor carol.amato@zurichna.com
 1400 American Lane (847) 413-5235 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Fidelity and Deposit Company of Maryland	CoCode: 39306	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-3046577	

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Colonial American Casualty & Surety Company	CoCode: 34347	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-1096670	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:

SERFF Tracking Number: ZURC-125368535 State: Arkansas
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Product Name: Revised Form Filing - UGL1321B - GL 26816
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Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Empire Fire and Marine Insurance Company	CoCode: 21326	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 47-6022701	

SERFF Tracking Number: ZURC-125368535 State: Arkansas

First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50

Company Tracking Number: CW GL 26816

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Revised Form Filing - UGL1321B - GL 26816

Project Name/Number: Revised Form Filing - UGL1321B - GL 26816/GL 26816

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 1 form = 50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$50.00	11/27/2007	16805847
Empire Fire and Marine Insurance Company	\$0.00	11/27/2007	
American Guarantee and Liability Insurance Company	\$0.00	11/27/2007	
Zurich American Insurance Company of Illinois	\$0.00	11/27/2007	
Colonial American Casualty & Surety Company	\$0.00	11/27/2007	
American Zurich Insurance Company	\$0.00	11/27/2007	
Fidelity and Deposit Company of Maryland	\$0.00	11/27/2007	

SERFF Tracking Number: *ZURC-125368535* *State:* *Arkansas*
First Filing Company: *Fidelity and Deposit Company of Maryland, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW GL 26816*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Revised Form Filing - UGL1321B - GL 26816*
Project Name/Number: *Revised Form Filing - UGL1321B - GL 26816/GL 26816*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/29/2007	11/29/2007

SERFF Tracking Number: ZURC-125368535 State: Arkansas
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Product Name: Revised Form Filing - UGL1321B - GL 26816
Project Name/Number: Revised Form Filing - UGL1321B - GL 26816/GL 26816

Disposition

Disposition Date: 11/29/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ZURC-125368535 State: Arkansas

First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50

Company Tracking Number: CW GL 26816

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Revised Form Filing - UGL1321B - GL 26816

Project Name/Number: Revised Form Filing - UGL1321B - GL 26816/GL 26816

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Side-by-Side	Approved	Yes
Form	Broad Form Additional Insured Coverage- Owners, Lessees Or Contractors- Scheduled Person or Organization	Approved	Yes

SERFF Tracking Number: ZURC-125368535 State: Arkansas

First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50

Company Tracking Number: CW GL 26816

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Revised Form Filing - UGL1321B - GL 26816

Project Name/Number: Revised Form Filing - UGL1321B - GL 26816/GL 26816

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Broad Form Additional Insured Coverage- Owners, Lessees Or Contractors- Scheduled Person or Organization	U-GL- 1321-B CW	11 07	Endorseme New nt/Amendm ent/Condi tions		0.00	U-GL-1321- B.pdf

Broad Form Additional Insured Coverage –Owners, Lessees Or Contractors - Scheduled Person or Organization



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Covered Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an insured the persons or organizations shown in the **SCHEDULE** above.
- B.** The insurance provided to the additional insured applies only to “bodily injury”, “property damage” or “personal and advertising injury” covered under **Section I – Coverage A, Bodily Injury And Property Damage Liability** and **Section I – Coverage B, Personal And Advertising Injury Liability**, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused:
1. In whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf; or
 2. Solely by acts or omissions of the additional insured, if coverage for sole acts or omissions of the additional insured is required by written contract or written agreement,
- and resulting from:
- a. Your ongoing operations; or
 - b. “Your work” completed as included in the “products-completed operations hazard”,
- performed for the additional insured at the location designated and described in the Schedule.
- C.** However, regardless of the provisions of paragraphs **A.** and **B.** above:
1. We will not extend any insurance coverage to the additional insured person or organization:

- c. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
- 2. We will not provide Limits of Insurance to the additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured does not apply to:
 - 1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:
 - a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
 - 1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim:
 - 2. We receive written notice of a claim or "suit" as soon as practicable; and
 - 3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance in which the additional insured is a Named Insured, if the written contract or agreement requires that this insurance be primary and non-contributory.
- F. For the coverage provided by this endorsement:
 - 1. The following paragraph is added to **4. Other Insurance of Section IV – Commercial General Liability Conditions**, under **a. Primary Insurance**:

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
 - 2. The following paragraph is added to **4. Other Insurance of Section IV – Commercial General Liability Conditions**, under **b. Excess Insurance**:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured by attachment of an endorsement to another policy providing coverage for the same "occurrence", claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis

Any provisions in this Coverage Part not changed by the terms and conditions of this endorsement continue to apply as written.

<i>SERFF Tracking Number:</i>	<i>ZURC-125368535</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Fidelity and Deposit Company of Maryland, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW GL 26816</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Revised Form Filing - UGL1321B - GL 26816</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing - UGL1321B - GL 26816/GL 26816</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125368535 State: Arkansas
First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50
Company Tracking Number: CW GL 26816
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Revised Form Filing - UGL1321B - GL 26816
Project Name/Number: Revised Form Filing - UGL1321B - GL 26816/GL 26816

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	11/29/2007

Comments:

Attachment:

NAIC Transmittal AR.pdf

		Review Status:	
Satisfied -Name:	Side-by-Side	Approved	11/29/2007

Comments:

Attachment:

1321 Redlined A to B.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name Zurich North America	Group NAIC #
	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zurich American Ins. Co.	NY	16535	36-4233459	
American Guarantee & Liability Ins. Co.	NY	26247	36-6071400	
American Zurich Ins. Co.	IL	40142	36-2781080	
Empire Fire & Marine Ins. Co.	NE	21326	47-6022701	
Colonial American Casualty & Surety Co.	MD	34347	52-1096670	
Fidelity & Deposit Co. of Maryland	MD	39306	13-3046577	
Zurich American Ins. Co. of IL	IL	27855	36-2781080	

5. Company Tracking Number	CW GL 26816
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Carole Amato 1400 American Lane	Analyst	847-413-5235	847-605-7768	carole.amato@zurichna.com
Schaumburg, IL 60196				
7. Signature of authorized filer		<i>Carole Amato</i>		
8. Please print name of authorized filer		Carole Amato		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17
10. Sub-Type of Insurance (Sub-TOI)	Other
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	New GL Form
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On approval Renewal: On approval
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW GL 26816
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to submit a revision to our recently approved endorsement (11/18/2007). We are correcting a minor spelling error in U-GL-1321-A CW ed. 10 07 - "Broad Form Additional Insured Coverage—Owners, Lessees or Contractors—Scheduled Person or Organization".

Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW GL 26816
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Broad Form Additional Insured Coverage-owners, Lessees or Contractors-Scheduled Person or Organization	U-GL-1321-B CW 11 07	[<input type="checkbox"/>] New [<input checked="" type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn	U-GL-1321-A CW	
02			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
03			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
04			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
05			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
06			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
07			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
08			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
09			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		
10			[<input type="checkbox"/>] New [<input type="checkbox"/>] Replacement [<input type="checkbox"/>] Withdrawn		

PC FFS-1

Broad Form Additional Insured Coverage –Owners, Lessees Or Contractors - Scheduled Person or Organization



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Covered Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an insured the persons or organizations shown in the **SCHEDULE** above.
- B.** The insurance provided to the additional insured applies only to “bodily injury”, “property damage” or “personal and advertising injury” covered under **Section I – Coverage A, Bodily Injury And Property Damage Liability** and **Section I – Coverage B, Personal And Advertising Injury Liability**, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused:
1. In whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf; or
 2. ~~Solely~~Solely by acts or omissions of the additional insured, if coverage for sole acts or omissions of the additional insured is required by written contract or written agreement,
and resulting from:
 - a. Your ongoing operations; or
 - b. “Your work” completed as included in the “products-completed operations hazard”,
—performed for the additional insured at the location designated and described in the Schedule.
- C.** However, regardless of the provisions of paragraphs **A.** and **B.** above:
1. We will not extend any insurance coverage to the additional insured person or organization:

- c. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
- 2. We will not provide Limits of Insurance to the additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured does not apply to:
 - 1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:
 - a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
 - 1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim:
 - 2. We receive written notice of a claim or "suit" as soon as practicable; and
 - 3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance in which the additional insured is a Named Insured, if the written contract or agreement requires that this insurance be primary and non-contributory.
- F. For the coverage provided by this endorsement:
 - 1. The following paragraph is added to **4. Other Insurance of Section IV – Commercial General Liability Conditions**, under **a. Primary Insurance**:

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
 - 2. The following paragraph is added to **4. Other Insurance of Section IV – Commercial General Liability Conditions**, under **b. Excess Insurance**:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured by attachment of an endorsement to another policy providing coverage for the same "occurrence", claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis

Any provisions in this Coverage Part not changed by the terms and conditions of this endorsement continue to apply as written.